

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042730

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 362

DO NOT WRITE
ON THIS STUB

AMENDED

NOV 18 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR XXXXXX K O H		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FREELING GEHRETTE STAMPER		4. DATE OF DEATH Month Day Year November 10 1963	
5. SEX Male	6. COLOR OR RACE White	7. XXXXXX Never Married <input checked="" type="checkbox"/> XXXXXX XXXXXXX	8. DATE OF BIRTH 11/9/94
9. AGE (last birthday) 69		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY barber	
11. BIRTHPLACE (City and state or country) Ardmore, Macon Co., Mo.		12. CITIZEN OF WHAT COUNTRY U S.	
13a. FATHER'S NAME William Stamper		13b. MOTHER'S MAIDEN NAME Catherine Bahmer	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of serv) yes W W I	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Jane Pendarvis, Kirksville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced Coronary Artery Disease DUE TO (c) -----		INTERVAL BETWEEN ONSET AND DEATH 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Failure		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Macon, Macon Co., Mo.	
21. I attended the deceased from 10-28-63 to 11-9-63 and last saw him alive on 11-9-63 Death occurred at 10:31 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Douglas P. Hagen D.O.	
22b. ADDRESS 800 W. Jefferson St. Macon, Mo.		22c. DATE SIGNED 11-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/12/63	23c. NAME OF CEMETERY OR CREMATORY Oakwoods	
23d. LOCATION (City, town, or county) Macon, Macon Co., Mo.		23e. DATE RECD. BY LOCAL REG. Nov. 11, 1963	
23f. REGISTRAR'S SIGNATURE David W. Rathoff		23g. FOSTER MEMORIAL HOME, KIRKSVILLE, MO.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 19 1963

Douglas P. Hagan, D.O.

Certificate issued Nov. 11, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.